



CHANGE OF ADDRESS/CONTACT INFORMATION

Please fill out this form completely and return it with the required documentation **IN PERSON TO THE STUDENT SERVICES OFFICE.**

Student's Name: _____ Date of Birth: _____

CHANGE OF ADDRESS:

To change your address we will need an official documentation showing your correct address.

Old Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

New Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Documentation Submitted:

California Driver's License/ID: _____

Passport #: _____

Other, Specify : _____

CHANGE OF CONTACT INFORMATION:

Change of Phone Number:

Old Number: _____ New Number: _____

Change of Email:

Old Email: _____ New Email: _____

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY (DO NOT FILL OUT THIS SECTION)

Reviewer: _____ Date: _____